

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015- 002846

PRODUCER OF WASTE (Must be filled by producer)

Name ALCO

(PRINT OR TYPE)

CODE NO.

Pick up Address:

(NUMBER)

(STREET)

(CITY)

Telephone Number: ()

P.O. or Contract No.:

Order Placed By:

Date: 2-14-77

Type of Process

which Produced Wastes:

EQUIPMENT CLEANING
(Examples: metal plating, equipment cleaning, oil drilling, wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution6. ☐ Tetraethyl lead sludge11. ☐ Contaminated soil and sand2. ☐ Alkaline solution7. ☐ Chemical toilet wastes12. ☐ Cannery waste3. ☐ Pesticides8. ☐ Tank bottom sediment13. ☐ Latex waste4. ☐ Paint sludge9. ☐ Oil14. ☒ Mud and water5. ☐ Solvent10. ☐ Drilling muds15. ☐ Brine☐ Other (Specify)

CODE NO.

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

Upper

Concentration:
Lower % ppm

ppm

1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 7.4 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume:

40☐ gal☐ tons☒ barrels (42 gal.)☐ other

(SPECIFY)

Containers:

(NUMBER)

☐ drums☐ cartons☐ bags☐ other

(SPECIFY)

Physical State:

☐ solid☒ liquid☒ sludge☐ other

(SPECIFY)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

N. Policki
SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

SFUND RECORDS CTR

999000530

CODE NO.

State Liquid Waste Hauler's Registration No. (if applicable):

15

Job No.:

No. of Loads or Trips:

Unit No. #8Vehicle: ☒ vacuum truck40 barrels,☐ flatbed, ☐ other

(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Little Bowers
SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Operating Industries, Inc.

Name (print or type):

2425 SO. GARFIELD AVE.

Site Address:

MONTEREY PARK, CALIF. 91754

CODE NO.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):

State fee (if any):

Handling Method(s):

☐ recovery☐ treatment (specify):

(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)

CODE NO.

☐ disposal (specify):☐ pond☐ spreading☐ landfill☐ injection well☐ other (specify):

CODE NO.

If waste is held for disposal elsewhere, specify final location:

Disposal Date:

2/19/77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee report.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name

BILLING COPY